

PROPERTY LOSS / DAMAGE CLAIM FORM



INSURER

Insurer

Policy No.

VAT Reg No.

INSURED

Name

Address

Code

Occupation

Phone

LOSS / DAMAGE OCCURRENCE

Place where Loss / Damage occurred

Were premises occupied

YES

NO

If YES, by whom

If NO, when last occupied

Purpose of occupation

Date of Loss

day / month / year

CAUSE OF LOSS / DAMAGE

Describe fully how the Loss / Damage occurred stating how (if applicable) entry was gained to premises

If Loss / Damage was caused by another party give Name and Address

PREVIOUS LOSS / DAMAGE

Have you previously suffered Loss / Damage

YES

NO

If YES, give details

If insured, provide name of insurer

POLICE

Police Station

Police Reference No.

Date Reported d a y / m o n t h / y e a r

OTHER INTEREST

Has any other party an interest in the insured property, e.g. Credit Agreement

YES

NO

If YES, give name and interest

OTHER INSURANCE

Is there any other insurance covering this Loss / Damage

YES

NO

If YES, give name of Insurer

VALUE

Estimated total value of all the property insured under the policy

When last valued d a y / m o n t h / y e a r

PAYMENT METHOD

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of Bank

Branch

Name of Account

Account No.

DECLARATION

I / We hereby declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstance described above.

Insured's Signature

Capacity

Date d a y / m o n t h / y e a r

